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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	501438.20501
	<b>First Named Inventor</b>	Craig D. Friedman
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/ To Be Assigned
	<b>Filing Date</b>	October 22, 2003
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR INTRAVESICULAR DELIVERY OF THERAPEUTIC AGENTS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

(if applicable).

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/420,180	10/22/02	

[Page 1 of 2]

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## DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input style="width: 100px; height: 20px;" type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name William H. Dippert					
Address Reed Smith LLP					
Address 599 Lexington Avenue, 29th Floor					
City New York			State New York		ZIP 10022
Country US		Telephone 212-521-5400		Fax 212-521-5450	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Craig D.			Family Name or Surname Friedman		
Inventor's Signature					Date
Residence: City Westport		State CT	Country US		Citizenship US
Mailing Address 19 Cross Highway					
Mailing Address					
City Westport		State CT	ZIP 06880		Country US
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Peter D.			Family Name or Surname Constantino		
Inventor's Signature					Date
Residence: City Armonk		State NY	Country US		Citizenship US
Mailing Address 12 Wright's Mill Road					
Mailing Address					
City Armonk		State NY	ZIP 10504		Country US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/02A (11-00)

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## DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Arindam		Datta	
Inventor's Signature			Date
Residence: City Hillsborough	State NJ	Country US	Citizenship US
Mailing Address 26 Baker Circle			
Mailing Address			
City Hillsborough	State NJ	ZIP 08844	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Arthur H.		Tinkelenberg	
Inventor's Signature			Date
Residence: City Brooklyn	State NY	Country US	Citizenship US
Mailing Address 226 Carlton Avenue, Apartment #1			
Mailing Address			
City Brooklyn	State NY	ZIP 11205	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To Be Assigned
Filing Date	October 22, 2003
First Named Inventor	Craig D. Friedman
Title	Method And System For ...
Group Art Unit	
Examiner Name	
Attorney Docket Number	501438.20501

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

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☒ Firm or  
Individual Name

Reed Smith LLP

Address 599 Lexington Avenue

Address 29th Floor

City New York State New York Zip 10022

Country US

Telephone 212-521-5408 Fax 212-521-5450

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Craig D. Friedman

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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Attorney Docket Number	501438.20501

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☒ Practitioner(s) named below:

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Number Bar Code  
Label here

Name	Registration Number
William H. Dippert	26,723

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Practitioners at Customer Number

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Label here

<input checked="" type="checkbox"/> Firm or Individual Name	William H. Dippert				
Address	599 Lexington Avenue				
Address	29th Floor				
City	New York	State	New York	Zip	10022
Country	US				
Telephone	212-521-5408	Fax	212-521-5450		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Peter D. Costantino
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of  forms are submitted.

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